

FORM C-AC

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211
OFFICE # (803) 896-5100 FAX # (803) 896-5199**

175776
RECEIVED
SEP 16 2005
PSC SC
DOCKETING DEPT.

CLASS C - CHARTER BUS 2005 280-T DATE 09/14/, 2005

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Coast to Coast Bus Line INC.

2. (a) Street Address of Applicant 1401 Hwy 301 North

Dillon, South Carolina 29536

- (b) Mailing address, if different from street address P.O. Box 1035

Dillon, South Carolina 29536

- (c) Telephone Number 843-774-7090

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol. 26, S.C. Code Ann., 1976), and R. 38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

[Signature]

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier

Thomas Paige

(Applicant)

Date: 09/14/2005

(Applicant's Representative)

Owner

(Title)

EXHIBIT FWA

Name: Coast to Coast Bus Line

U.S.D.O.T. No. 01101538

ICC No. 453135

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes ☒ No ☐ Pending ☐ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory ☒
Conditional ☐
Unsatisfactory ☐
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes ☐ No ☒
3. Are there currently any outstanding judgement(s) against Applicant?
Yes ☐ No ☒
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?
Yes ☒ No ☐
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes ☒ No ☐
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Thurman Page verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Sworn to before me
Dorothy D. Greene
Notary Public, South Carolina, State # 22000
My Comm. Expires 10/31/2005

This 15th day of Sept. 2005
Dorothy D. Greene
(Notary Public)

Thurman Page
(Applicant's Signature)

INSURANCE QUOTE

The following insurance quote is for:

Coast to Coast Bus Line, Inc.
(Name of Motor Carrier)
P.O. box 1481 Highway 301 N Dillon, SC
(Address of Motor Carrier) 29536

Amount of Premium:Liability Insurance \$ 24,344The above quoted premium is for a term of 12 months.Minimum Limits: 16 or more passengers - 25,000/300,000/10,000
(Intrastate Only)

Lincoln General Insurance Co.
(Insurance Company Name)
158 W. Harker City Blvd. Nellore, AL 36735
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/15/05 [Signature]
Date (Authorized Insurance Company Representative)

**** Form E Certificate of Insurance is required to be filed with the Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211



U.S. Department of
Transportation
**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590
September 7, 2004

In reply refer to:
Your USDOT No.: 1101538
MC Number: MC453135

THOMAS PAIGE
GENERAL MANAGER
COAST TO COAST BUS LINE
1401 HIGHWAY 301 NORTH
DILLON SC 29555

Dear THOMAS PAIGE:

This letter is to inform you that you have now met all the requirements of Part 385 of Title 49 of the Code of Federal Regulations (49 CFR Part 385) for receiving "New Entrant" registration to operate in interstate commerce within the United States. Accordingly, your "New Entrant" designation is removed and your registration is considered permanent.

However, you are reminded that while operating in the United States, you are required to comply with all U.S. Federal Motor Carrier Safety Regulations (FMCSRs), Federal Motor Vehicle Safety Standards (FMVSS), and applicable Hazardous Materials Regulations (HMRs). The FMCSA will continue to evaluate you on the same basis as any other carrier.

If you have any questions, please contact your local FMCSA office at:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
1835 ASSEMBLY STREET, SUITE 1253
COLUMBIA, SC 29201
Telephone No.: 803-765-5414

Sincerely,

Stephen E. Barber
Director, Office of Information Management

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Thomas Paige
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392.395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Thomas Paige, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Thomas Paige
Signature of Applicant
(Not Legal Representative)

Sworn to before me

at Dillon, S.C.

this 15th day of Sept, 2005

Dorothy D. Greene
Notary Public

Dorothy D. Greene
Notary Public, South Carolina, State at Large
My Commission Expires October 14, 2009